



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
DIVISION OF SCHOOL IMPROVMENT – ACCOUNTABILITY DATA & ACCREDITATION

APPEAL REQUEST FORM
FOR: Spring 2008 MAP/MAP-A

District Information	
District Name:	County District Code:
Street Address:	District Contact Name:
CTB dedicated Purchase Order Number:	Phone:
ARC dedicated Purchase Order Number:	Form Due Date: August 29, 2008

Student Information (IF MORE SPACE IS NEEDED, PLEASE FILL OUT ANOTHER FORM.)									
#	STUDENT LAST NAME	STUDENT FIRST NAME	GRADE	DATE OF BIRTH MM/DD/YYYY	MOSIS ID	CONTENT AREA (MA,CA,SC)	TEST TAKEN (MAP/MAP-A)	DISTRICT OF RESIDENCE COUNTY/DISTRICT /BUILDING CODE	DISTRICT OF ATTENDANCE COUNTY/DISTRICT /BUILDING CODE
1									
2									
3									
4									
5									
6									

Reason for Appeal Request					
#	Appealing Student Map Score	Appealing Student Map-A Score	Verifying 'Level Not Determined'	Extenuating Circumstances (Medical/ Enrollment Changes/ No Name)	What substantial evidence does the administrator, teacher and/or IEP team have or what extenuating circumstances exist to support the appeal of the student's achievement level?
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Verification of Review		
Signature of Superintendent or Designee:		Date
Printed Name:		Position:
(Office Use Only) <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Original <input type="checkbox"/> Copy		Date received: Initials
CTB:		DESE:

DIRECTIONS
Fax the completed form by the due date above to: (573)526-0651 (AND) mail the original to Accountability Data & Accreditation, PO Box 480, Jefferson City, MO 65102
Questions, contact: Accountability Data & Accreditation Ph: (573) 526-4886; Fax: (573) 526-0651; or e-mail to: webreplyimprdar@dese.mo.gov Visit DESE's website at: dese.mo.gov